

NEW RESIDENT FORM

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

SETTLEMENT DATE: _____

E-BILL: ☐ YES ☐ NO

HOME: ☐ NEW ☐ PREVIOUSLY OWNED, if so.....

ARE CANS/CARTS AT HOUSE?

☐ YES

☐ NO